GREAT BASIN COLLEGE
VICE PRESIDENT FOR BUSINESS AFFAIRS

STUDENT AND SPECIAL COURSE FEE REQUEST FORM

SECTION I: Complete for ALL Requests

Request Type: New Fee ☐ Change in Existing Fee Rate ☐ Cancel Existing Fee ☐

Fee Type: Flat Rate ☐ Rate per Credit ☐ Non-course ☐

Course Number/Title: _____

Proposed/New Fee Rate: _____ Estimated Revenue per year: $ _____

Current Fee Rate: $_____ Estimated # of Students Impacted _____

Proposed Effective Date: _____
Semester/Year

Background Information/Fee Justification/Purpose: Identify core products and/or services that will be provided from the funds generated by the fee; explain whether the goods/services are already being provided, whether those funds will continue to subsidize the requirement and/or the necessity to begin charging for the goods and/or services.

SECTION 2: Routing/Approval Process

Department Chair: _____
Signature Print Name Date

Dean: _____
(if applicable) Signature Print Name Date

Vice President: _____
Signature Print Name Date

President: _____
Signature Print Name Date